Free Entry Field | Fixed Format Entry Field

Time of Injury

Day of Week: Mon ☐ Tue ☐ Wed ☐ Th ☐ F ☐ Sa ☐ Su ☐

Normal Work Day: Yes ☐ No ☐

Comments: ☐

Return from: Vacation ☐ Sick Leave ☐ FMLA ☐ Bereivement ☐ Work Comp ☐ Other ☐

Preparing for leave: Vacation ☐ Sick Leave ☐ FMLA ☐ Berievement ☐ Work Comp ☐ Other ☐

Duration of Leave: ## Days ☐ Weeks ☐ Months ☐

Comments: ☐

Time of Injury: ##:## hours AM ☐ PM ☐

Start Shift: ##:## hours AM ☐ PM ☐

End of Shift: ##:## hours AM ☐ PM ☐

Shift Type: Day ☐ Swing ☐ Grave ☐

Comments: ☐

Commuting: To Work ☐ From Work ☐ Not Commuting ☐

At Work Premisis but: Before Work ☐ After Work ☐

At Work Premisis and: On Break Time ☐ On Lunch Time ☐ During Regular Hours ☐ Extended Work Hours ☐

After Normal Work Hours: Yes ☐ No ☐ (normal work hours defined as 0800 to 1700 hours)

Comments: ☐